

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	3,680,470.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,680,470.54
YTD Amount:	\$	36,013,328.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	10,184.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,184.09
YTD Amount:	\$	109,778.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	133,322.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,322.71
YTD Amount:	\$	1,354,487.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	722,764.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,764.68
YTD Amount:	\$	7,504,764.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	115,588.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,588.25
YTD Amount:	\$	1,202,509.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	85,322.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,322.82
YTD Amount:	\$	896,698.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	838,327.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	838,327.67
YTD Amount:	\$	7,888,294.28

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PAYMENT ISSUE DATE: 5/26/2017

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	114,010.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,010.23
YTD Amount:	\$	1,178,870.13

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	402,455.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	402,455.25
YTD Amount:	\$	4,209,891.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/26/2017

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	2,261,642.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,261,642.26
YTD Amount:	\$	21,950,380.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	106,437.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,437.08
YTD Amount:	\$	1,104,167.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 5/26/2017

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	644,470.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	644,470.23
YTD Amount:	\$	6,818,511.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	681,138.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	681,138.85
YTD Amount:	\$	7,130,194.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	142,388.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,388.30
YTD Amount:	\$	1,480,405.54

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA

95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	1,067,769.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,067,769.79
YTD Amount:	\$	10,310,181.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	369,598.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	369,598.29
YTD Amount:	\$	3,823,491.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	181,029.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	181,029.96
YTD Amount:	\$	1,847,587.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	130,014.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	130,014.06
YTD Amount:	\$	1,330,769.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	29,262,927.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,262,927.61
YTD Amount:	\$	315,723,378.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	359,015.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	359,015.74
YTD Amount:	\$	3,718,092.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	752,637.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	752,637.60
YTD Amount:	\$	7,955,618.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	63,868.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,868.56
YTD Amount:	\$	660,109.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	246,967.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	246,967.88
YTD Amount:	\$	2,538,878.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	515,197.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	515,197.46
YTD Amount:	\$	5,156,714.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	71,436.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,436.68
YTD Amount:	\$	736,838.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	115,033.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,033.30
YTD Amount:	\$	1,221,033.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	752,396.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	752,396.27
YTD Amount:	\$	8,128,366.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	334,918.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	334,918.45
YTD Amount:	\$	3,510,512.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	220,284.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	220,284.22
YTD Amount:	\$	2,295,881.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	3,559,616.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,559,616.21
YTD Amount:	\$	34,611,533.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	170,362.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	170,362.69
YTD Amount:	\$	1,662,074.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	83,967.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	83,967.50
YTD Amount:	\$	888,400.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	2,112,414.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,112,414.13
YTD Amount:	\$	20,220,925.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	1,439,802.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,439,802.35
YTD Amount:	\$	14,045,221.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	134,852.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	134,852.47
YTD Amount:	\$	1,405,377.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	3,068,386.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,068,386.33
YTD Amount:	\$	29,493,748.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	4,297,216.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,297,216.58
YTD Amount:	\$	41,557,648.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	5,581,091.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,581,091.13
YTD Amount:	\$	60,297,670.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	1,269,074.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,269,074.76
YTD Amount:	\$	13,668,476.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	333,017.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	333,017.46
YTD Amount:	\$	3,275,409.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	579,166.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	579,166.82
YTD Amount:	\$	5,452,083.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	366,454.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	366,454.75
YTD Amount:	\$	3,590,923.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	3,116,241.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,116,241.82
YTD Amount:	\$	33,664,944.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	396,826.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	396,826.37
YTD Amount:	\$	3,909,532.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	601,409.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	601,409.56
YTD Amount:	\$	6,266,089.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	25,333.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,333.97
YTD Amount:	\$	258,951.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	177,511.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	177,511.97
YTD Amount:	\$	1,843,975.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	922,324.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	922,324.07
YTD Amount:	\$	9,514,365.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	1,306,090.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,306,090.72
YTD Amount:	\$	13,737,904.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	492,494.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	492,494.24
YTD Amount:	\$	4,808,504.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	324,947.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	324,947.76
YTD Amount:	\$	3,412,349.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	227,981.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	227,981.53
YTD Amount:	\$	2,379,839.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	112,211.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,211.30
YTD Amount:	\$	1,149,112.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	835,096.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	835,096.11
YTD Amount:	\$	8,066,075.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	178,086.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	178,086.23
YTD Amount:	\$	1,857,626.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	547,772.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	547,772.48
YTD Amount:	\$	5,136,684.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	158,799.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	158,799.77
YTD Amount:	\$	1,553,226.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A
PAYMENT ISSUE DATE: 5/26/2017

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	278,224.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,224.82
YTD Amount:	\$	2,891,352.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	110,497.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,497.66
YTD Amount:	\$	1,193,058.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	501,316.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	501,316.66
YTD Amount:	\$	5,412,867.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600429A

PAYMENT ISSUE DATE: 5/26/2017

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2017 TO: 5/15/2017

Total amount collected: \$77,858,256.01

Gross monthly apportionment: \$77,858,256.01

Gross Claim	\$	168,046.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,046.96
YTD Amount:	\$	1,814,353.29